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admitted March 11. 1819

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## An Essay on Cholera Infantum.

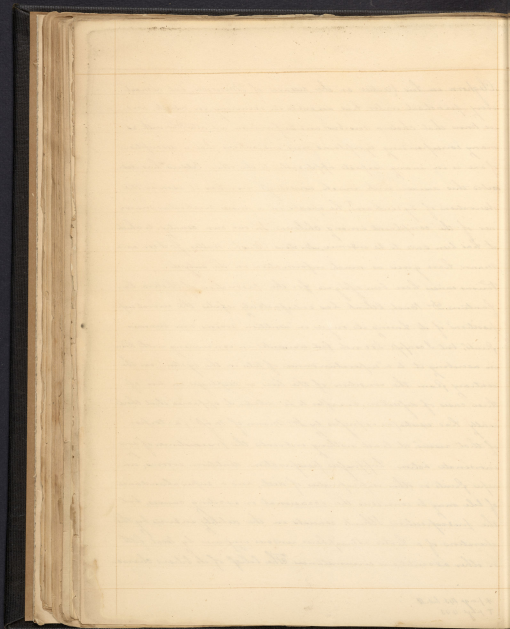
Considering the very accurate and minute history of this disease with which the medical world has been furnished by the learned Doctor Rush, it may be deemed presumptuous in a youthful cultivator of the science to attempt any addition to his very valuable publications; indeed candour urges me to confess that in selecting it as the subject of an inaugural essay I have no expectation of offering a more faithful account of its symptoms than he has detailed, but having enjoyed in the situation which I have the good fortune to occupy considerable opportunity of witnessing this destructive complaint in all its various stages, the efficacy of the means employed to arrest its progress and the appearances or disposition of the said subject I have thought it perhaps now conducive to the advancement of medicine to give a plain unpolished detail of facts which have come under my observation, than to make a vain effort to elucidate and establish any favorite physiological theory. From the comparative result of the practices which has been pursued I am also inclined to believe it will be found more successful than that recommended by the writers on this disease.

Cholera appearing in children is first particularly noticed by

Dr. Gray  
in Union Station



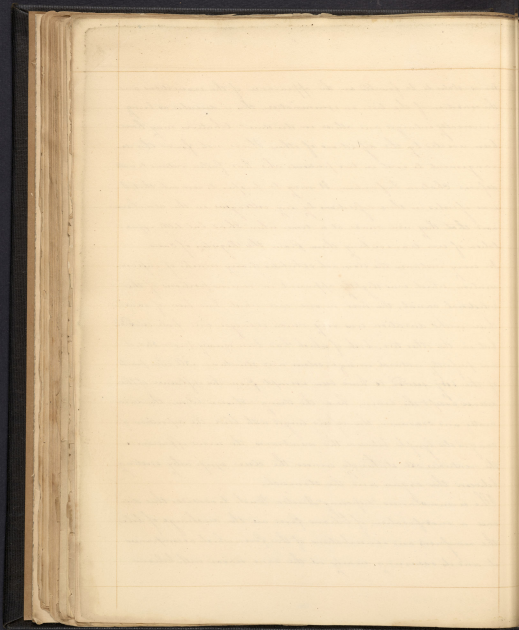
Cleghorn in his treatise on the diseases of Mennew, but almost every practical writer has described it occurring in adults, and we know that cholera morbus and Infantum are attended with so many corresponding symptoms and indications that a description of one is in many respects applicable to the other. Cullen has described this disease with much correctness, nor has it escaped the observation of Sydenham; he speaks in a more particular manner of the complaint among children. In our own country, to which it has been said to be endemic, Doctors Keut, Miller, Jackson and Mann have given us much information on the subject. Various causes have been assigned for the production of Cholera Infantum. Dr. Keut I think has satisfactorily refuted the several suppositions of its having its origin in "dentition, worms and summer fruits"; but I confess I do not feel warranted in concurring with him in ascribing it to a "superabundance of bile in the system"; on the contrary from the contents of the liver as displayed in two of three cases of dyspepsia, hereafter to be related, it appears that there really had existed (as expressed by Dr. Mann of N. York) "a torpor of that viscus", at least nothing indicates the preexistence of any innominate action. Suppressed perspiration, dentition, worms, summer fruits or other improprieties of diet, and a superabundance of bile may be considered the occasional or exciting causes, but the predisposition I think consists in the debility induced by the operations of a heated atmosphere visceris injured by local heat or other obnoxious circumstances. The belief of its bilious charac-



ter is stated to be founded on the appearance of the evacuations and the condition of the liver an examination; this is described as being universally enlarged and altered in structure. Observations may have been recorded by the dissections of others I have not found this arrangement to exist in two patients who had fallen victims to what defers Cholera Infantum. It may be proper to remark that I was assisted in these dissections by my colleagues in the Almshouse and that they were made at a time when I had but little expectation of ever transcribing them from the Register of cases.

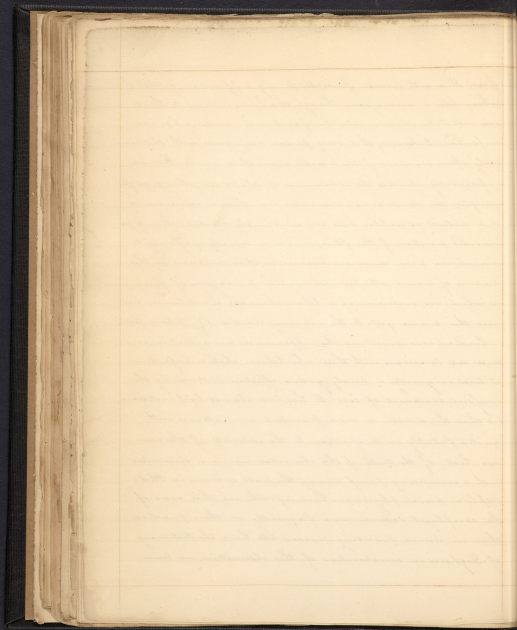
In every instance the stomach exhibited strong marks of inflammation, which was slightly apparent in various portions of the intestinal canal; the liver in one case which had been of near three weeks duration was very much enlarged and pale colored, but in the other two, both of which had been equally protracted, it was perfectly natural in size, colour and structure. All other parts of the body seemed to have been exempt from the influence of the disease except the brain; here the strong adhesion between the dura mater and cranium, the vessels turgid with blood, the deposition of coagulated lymph between the membranes, the serous effusion in the ventricles, all strikingly evince the close sympathy existing between this organ and the stomach.

The circumstances "disposing" Doctor Hensch to consider this disease a modification of bilious fever are the discharge of bile, the remissions and exacerbations of the fever which accompanies it and its occurring nearly at the same season with bilious



fever. It is not because favorable to my supposition, as that I believe bile is never ejected (though this I am inclined to think does not take place until the operation of vomiting has been performed.) I observe, that every person acquainted with the various secretions of the diseased stomach is aware this not infrequently assumes the appearance of bile (as in yellow fever for example) the odour is acrid, the stools are often so copious and of a nature so unlike bile we can hardly attribute them to an increased secretion of this fluid; and it is scarcely necessary to remark we have numerous diseases (as those produced by the presence of worms) attended with regular paroxysms of fever in which no suspicion of a bilious character is entertained; nor does this disease give to the ordinary remission for bilious fever.

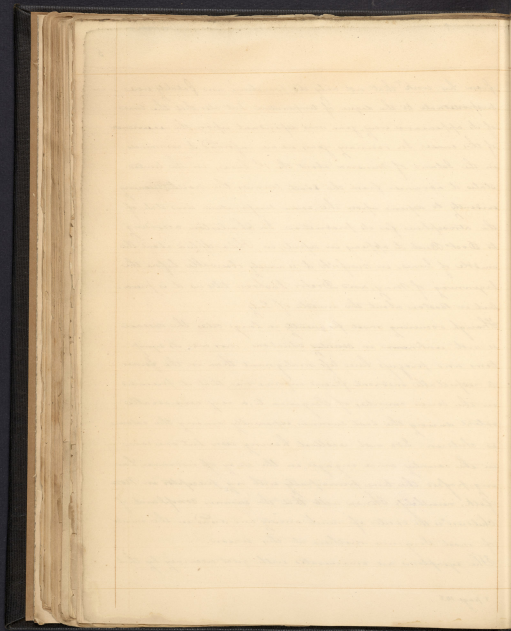
Clinical experience and the appearances on dissection induce me to concur with those who believe cholera infantum, at least originally, a purely gastric affection produced by the excessive excitement of heat. It has been observed by practitioners that the disease is more prevalent and attains with greater fatality in proportion to the intensity of the summer heat. Of the truth of this observation we were furnished with a convincing proof during the past summer in Philadelphia, several physicians have informed me that cases of this complaint occurred more frequently in their practice than in several preceding seasons. We have the testimony of Bighams in corroboration of this observation, we have



from his work that not only its prevalence and fatality were proportionate to the degree of temperature but also that the time of its appearance every year was dependant upon the recurrence of this cause. In ordinary years we are informed it commences in the Island of Minorca about the 1<sup>st</sup> June; in the United States it advances from the South towards the North, seeming evidently to depend upon the same temperature and state of the atmosphere for its production. In Charleston according to Doct<sup>r</sup> Rush it appears in April, in Philadelphia about the middle of June, in Norfolk it is rarely observable before the beginning of May, and Doctor Jackson tells us it is prevalent in Boston about the middle of July.

Though occurring most frequently in large cities the disease is not unknown in country situations, nor are its symptoms and progress here less malignant than in the former. A respectable medical friend informs me that it prevails in the lower counties of Virginia to a very considerable extent during the last summer, especially among the coloured children. I do not recollect having seen but one case in the country since engaged in the study of medicine, having passed the time principally with my preceptor in Norfolk, nevertheless I know well that "the summer complaint of children" is the object of much anxiety and dread in the minds of most Virginia mothers at this season.

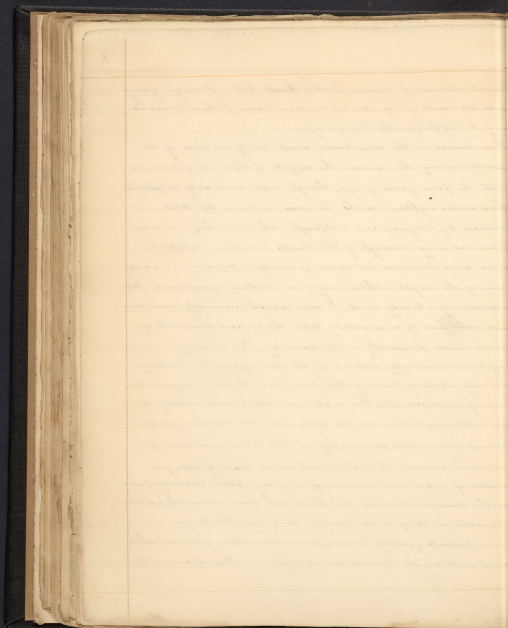
The symptoms are enumerated with great accuracy by that





minute observer of disease, Doctor Cusack, but as I design giving only the result of my own observation I will forbear transcribing his appropriate language.

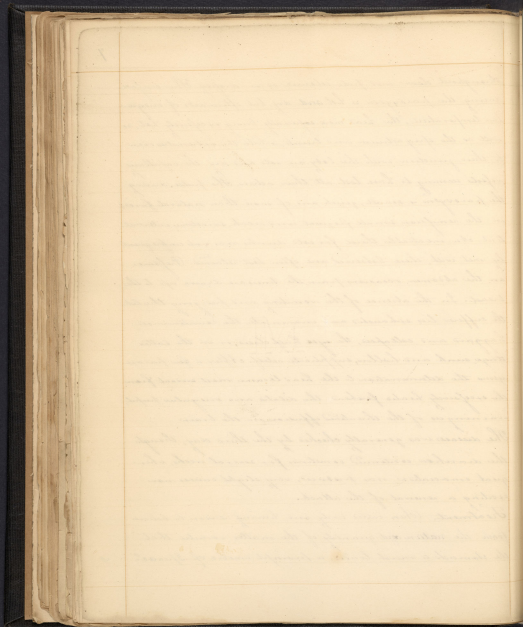
This occurs in the almshouses about twenty six cases of the disease during the summer; the subjects of these are from new birth to four years of age, though most commonly it attacks those under eighteen months. In some instances the attack was preceded by languor and listlessness, with head-ache, and more than ordinary looseness of the bowels had been observed for some days previous, but more generally it came on suddenly during the night without any premonitory symptoms, after supervening a hearty meal. It was almost invariably accompanied with fever of a remitting type, the exacerbations taking place most frequently in the evening. The vomiting and purging simultaneously ushered in the paroxysm, the vomiting usually abating during the remission, the purging continuing undiminished. The matter vomited consisted mostly of the substances taken into the stomach, the discharges per anum were most commonly in the commencement of a yellowish colour, then fluid with small lumps of deep green matter of more solid consistence and very fetid, becoming putrid as the disease advanced, but I have seen them retain their first character as long as the disease continued. The tongue in some patients quickly became incrusted with a yellowish white scurf with small pustules on its edges, in others it remained



throughout clear and pale coloured as in dyspepsia. The surface during the paroxysm is hot and dry, but afterwards of irregular temperature, the head more especially being especially hot, as well as the epigastrium and trunk, while the extremities even to their junction with the body are cold and dry, the capillary vessels seeming to have lost all their action. The pulse, during the paroxysm is small, quick and of more than natural force, in the remission small frequent and weak, sometimes intermittent. An insatiable thirst for cold drinks was not infrequently met with; these however were often best retained. Profuse on the abdomen occasions pain, the bowels are drawn up to the breast. In the absence of the vomiting and purging the patient suffers lies exhausted and inanimate, the countenances haggard and collapsed, the eyes half closed; or in the latter stage sunk and hollow, supplicating relief. After a few paroxysms the deterioration to the head becomes most evident from the excessively heated forehead, the dilated and irregular pupils, warning us of the threatened effusion in the brain.

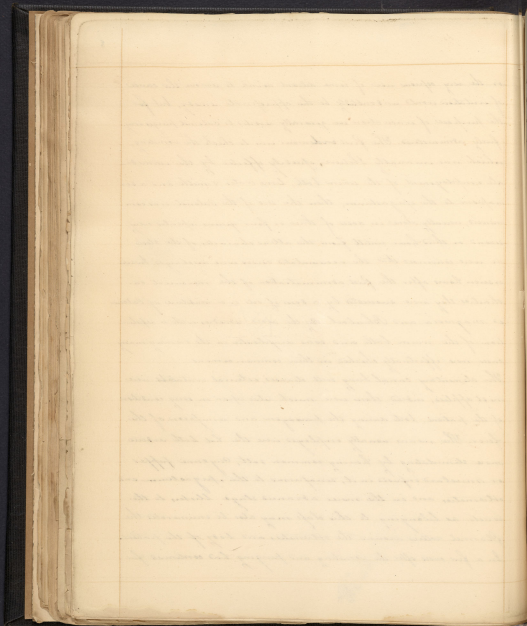
The disease was generally checked by the third day, though the diarrhoea continued sometimes for several weeks, when great emaciation was produced, very slight causes now exciting a renewal of the attack.

Treatment. When called early and having reason to believe from the nature and quantity of the matter vomited that the stomach is much loaded, a prompt emetic of Spessart.



or the very obvious use of some diluent drink to remove the cause of irritation would undoubtedly be the appropriate remedy, but for the purpose of evacuation we generally resorted to Calomel purges very freely administered. The first endeavour was to check the vomiting, which was invariably believed, possibly effected by the immediate employment of the warm bath, home water & milk and a sinapism to the epigastrium, then the use of the Calomel was commenced, usually alone in doses of three or four grains repeated every second or third hour, untill from the altered character of the stools we were convinced that the accumulated masses were discharged, twice or even three hours after the first administration of the mercurial cathartics they were succeeded by a dose of oil or a mixture of Calomel & magnesia and Rhubarb by the above remedies with a repetition of the warm bath and some diaphoretic in the evening many cases were effectually checked in their commencement.

The elementary canal being well cleansed, external irritants were next applied, indeed these were much relied upon in every condition of the patient, both during the paroxysm and remission of the fever. The means usually employed were the hot bath rendered more stimulating by having common salt, Cayenne pepper or mustard infused in it, sinapisms to the epigastrium and extremities and in the more advanced stage blisters to the wrists, as belonging to this class may also be enumerated the flannel rollers around the extremities and body of the patient. In a few cases after the vomiting and purging had continued for

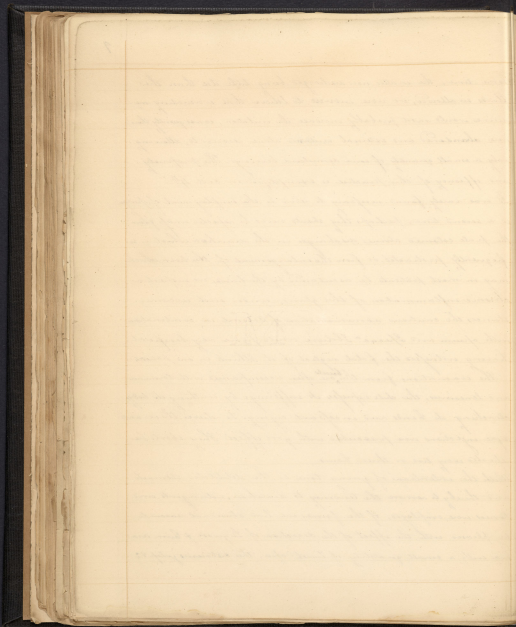


some time, the matter now discharges being little else than the fluids swallowed, we were induced to believe that evacuating medicines would most probably increase the irritation; consequently these were abandoned and external irritants alone resorted to, allowing only a small quantity of some demulcent beverage. The propriety and efficacy of this practice is exemplified in case 4<sup>th</sup>.

It was rarely found necessary to recur to the employment of purgatives a second time; perhaps they should never be repeated until from the pale coloured bloody discharges in the diarrhoea which is so frequently protracted, or from the enlargement of the liver which may in most patients be ascertained by the hand, we suspect a chronic inflammation of this gland; under such circumstances the cautious administration of Calomel in combination with opium and Opacae I believe would prove very beneficial. Having witnessed the fatal neglect of it I think in one patient.

The evacuations from the <sup>bowels</sup> are often accompanied with tormina and tenesmus, the child expresses its sufferings by writhing its body, clenching its hands and incessant crying. To relieve these an opium injection was prescribed with good effect. They should be repeated every two or three hours.

With the intention of giving tone to the debilitated stomach and thereby to remove the tendency to diarrhoea, astringents and tonics were employed; of the former we had abundant reason to be pleased with the effect of the decoction of Logwood & Gum arabic with a small quantity of Lincol. opus, the cataplasms jalap &c.





given immediately after each stool, and of the latter we need with most advantage the Comp<sup>d</sup> Sweet-Gentian<sup>s</sup> combined with mucilage and sweetened in small and frequently repeated doses.

It is not to be wondered at when we contemplate the rapid and widely extended ravages of this disease that remedies for its cure should have been greatly multiplied; every author whom I have consulted has his favorite prescription which is recommended to public confidence in terms of extravagant praise. I content myself with cursorily stating the principal of these. The practice advised by Clevet, Sydenham<sup>s</sup> and Baghorn<sup>s</sup> consists in the administration of emollient pizars to assist in the evacuation of the stomach, the free use of opium to quiet irritation and sedation with bed rest, the frequent use of the warm bath or a combination of Calomel & opium forms the chief prescription of Boerhaave, and of Calomel & the coc<sup>c</sup> of Boerhaave. The Spanish physicians says Baghorn place much reliance in a draught of cold water and injections of the same.

From the evident advantage I have known to result from the application of a blister to the back of the neck in other infantile diseases attended with fever where there exists a great determination to the head, I am disposed to think very favorably of this remedy under similar circumstances in cholera. In the case of a little girl affected with worms, in whom the fever has been prolonged for seven or eight days, I have strong reason to believe a blister to the back of the neck prevented effusion into the ventricles, after

*[Faint, illegible handwriting in cursive script, likely bleed-through from the reverse side of the page.]*

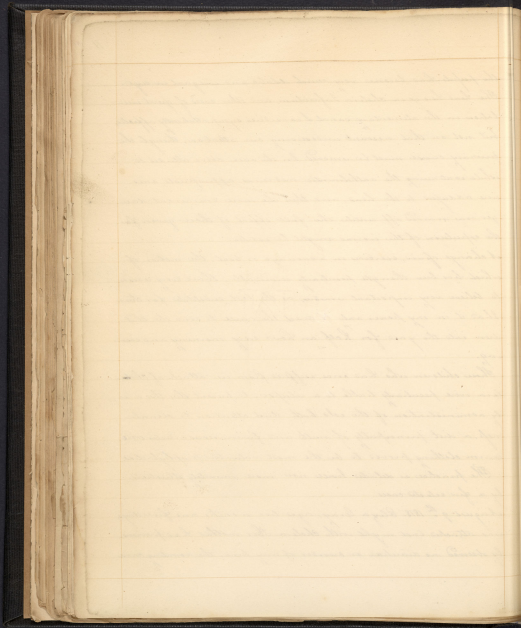
the pupils has become very much dilated and unequal in size. The head lies as in Cholera Infantum and other cases of great irritation in the alimentary canal & considers sympathetically affected, but not on that account deserving our attention, though the primary cause must be removed. In the case above alluded to while continuing the antihelmintic medicines, appropriate ones were adjoined to the head, and thus the more imminent danger was warded off until the full effect of those given for the expulsion of the worms might be effected.

at change of air, exercise in a carriage or boat, the motion of which has been thought peculiarly serviceable, I have every reason to believe very important remedies; as the best substitute for these I had it in my power only to direct the nurse to send the child even into the yard for half an hour every morning and evening.

Those children who had once suffered from an attack of cholera were peculiarly liable to a relapse; to prevent this the daily administration of the cold bath, strict attention to cleanliness, a diet principally of milk and farinaceous articles and woven clothing proved to be the most valuable prophylactics.

The practice as detailed twice now more minutely illustrated by a few related cases.

August 9<sup>th</sup> B. Olyza Gray, aged two months and five days, was attacked last night with Cholera. Her mother had previously observed no diarrhoea or disorders of any kind; the vomiting came



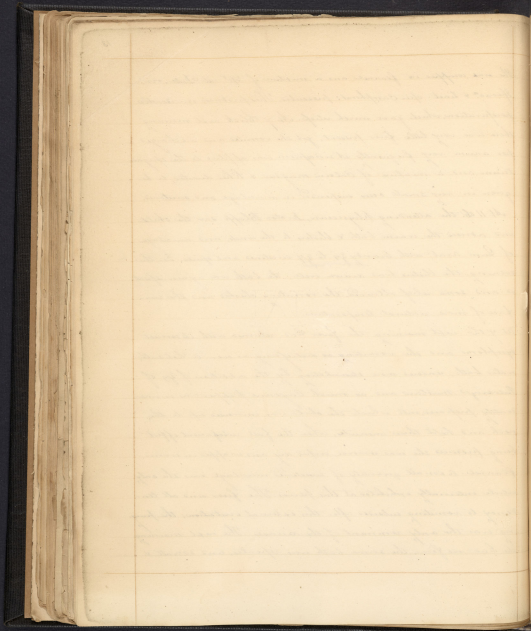
on late in the evening and was attended with very high fever. She has rejected every thing from her stomach, and almost every ten minutes her linen was soiled with a dark green discharge from the anus. There is much febrile commotion, her skin is excessively hot and dry, her pulse quick and frequent, and her stomach exhibits its great irritability by the frequently repeated attempts to vomit. With the intention of allaying the irritation of the stomach a cataplasma of garlick was applied to the epigastrium and a emulsion of linum water and milk  $\frac{1}{2}$  iij every ten minutes was ordered. To moderate the feruent heat of the surface she was sponged all over with cold water and vinegar. By these means the desired effect was soon produced; the vomiting entirely ceased and the febrile heat removed from the surface; at noon nothing remained of the disease but the purging of dark, green, viscid matter. The exhibition of Colomel was now commenced, gr.  $\frac{ss}$  q. b. untill the nature of the evacuations should become altered. The first three or four doses of this medicine were well retained, the effect on the discharge is slightly apparent, but in the latter part of the afternoon, an exacerbation of the fever took place and the colomel was immediately followed by vomiting. The surface particularly of the head again becomes excessively hot. This not settling untill late at night when the violence of the paroxysm has abated; she vomited but once in two hours, and her skin was beginning to lose its heat; the purging was less frequent, and her pulse beat with much less rapidity than in the former paroxysm.

1840  
The first of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The second of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The third of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The fourth of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The fifth of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The sixth of the month of January 1840 was a fine day  
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south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The seventh of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
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very happy and the day was very successful.  
The eighth of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
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very happy and the day was very successful.  
The ninth of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.  
The tenth of the month of January 1840 was a fine day  
and the weather was very pleasant. The wind was from the  
south and the sun was shining. The water was very calm  
and the boats were all out. The people were all  
very happy and the day was very successful.

She was wrapped in flannels and a mixture of *Op. rub.* *Dulc.* *vin.* *Specac.* & *Lind. offic.* Camphoral: presented. This produced considerable perspiration, which gave much relief. At 7 o'clock next morning there was very little fever present, yet she vomited and discharged per anum very frequently. A sinapism was applied to the epigastrium and a mixture of Colicini snagrus. & Rhei directed, to be given in very small doses suspended in mucilage and sweetened.

At 11 o'clock the attending physician, Doctor Koloff saw the child and advised the warm bath & blisters to the wrists, and mucilage of Gum. Arab. with brandy  $\frac{ss}$  to  $\frac{ssj}$  sweetened and spiced. In the evening the blisters had drawn well, the bath was again repeated and some relief obtained, the vomiting abated and the surface of more natural temperature.

At 7 o'clock next morning the fever had returned with its worst symptoms and the vomiting as distressing as ever. A hot salt water bath, rendered more stimulating by the addition of  $\frac{ss}$  of Butteridge's Mustard and as much Cayenne Pepper was immediately prepared, into which the child was immersed up to the neck and kept three minutes, when the full insupportable effect being produced she was removed, wiped dry and wrapped in warm flannel. A small quantity of sweetened mucilage was the only article internally exhibited at this period. The fever and all tendency to vomiting subsided after this external irritation; the purging was the only remnant of the disease. The next morning she had no fever, the same bath was repeated, and small &





frequently repeats dose of the following mixture prescribed.  
 ℞. mustard. ʒ. i. meal. ʒ. iij. Turb. Arabian. Compas. ʒs. Sacch. alb. ʒs. iij.  
 The warm bath was ordered to be repeated every night at bed  
 time, and the medicine last mentioned continued. The diarrhea  
 was thus in a few days removed, and she escaped the disease  
 through the remission of the season.

Case 2<sup>d</sup> George Thompson, aged four years.

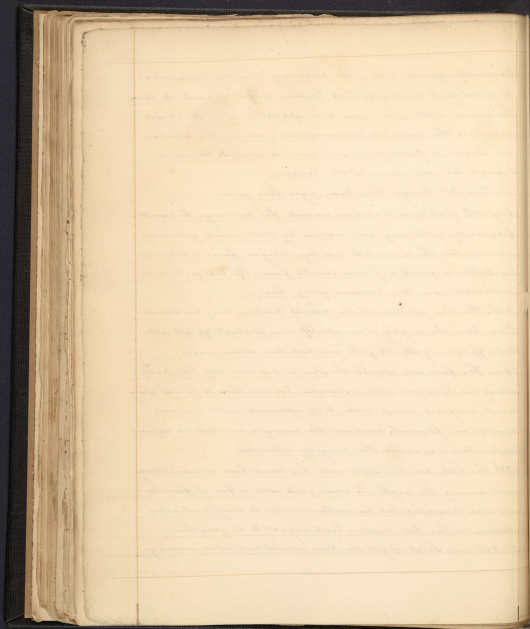
Aug<sup>st</sup> 11<sup>th</sup> 9 a.m. had been unwell for two days, he vomited  
 frequently yesterday and voided by stool much yellowish  
 green matter. He is now hot and dry, tongue furred white and  
 his pulse is quick & of considerable force. ℞. Col. ʒs. x. divis.  
 in Chartul. iij. ℞. Gum. Sennae. ʒss. ʒss. ʒss.

12<sup>th</sup> 10. He has retained all the colonic powder, and his bowels  
 have been thoroughly evacuated. ℞. Vin. Sennae. ʒss. ʒss. ʒss.  
 Pulv. ʒss. ʒss. - gill. ʒss. ʒss. and keep him covered warm.

6 p.m. His fever was retained, the skin is dry and very hot, particu-  
 larly his head and upper extremities. Ordered him to be well sponged  
 with vinegar & pump water, to be afterwards wiped dry and  
 wrapped in flannel, continue the encephalic mixture, a copious  
 perspiration was excited, the purging moderated.

12<sup>th</sup> The little boy has slept well, his bowels have remained pretty  
 quiet during the night, he seems quite well, is free of fever. The  
 medicine prescribed, but his mother directed to pay particular  
 attention to his diet; mustard broth, sage &c. to be given him.

13<sup>th</sup> 9 a.m. Last night the fever returned and before morning



We began to vomit and purge severely. The skin is now very hot & dry, stools dark green. We transfused to Eryngastrum, however, in order to check the vomiting, at 10 o'clock. The vomiting has abated in violence, but there appears to be yet great instability of the stomach. The skin is dry & harsh, the pulse much better than the other parts of the body. The stimulating salt bath prepared as in the preceding case was resorted to; its evulating effect produced, and a garlick cataplasm was applied to the Eryngastrum; the Pedaceous jelly with a small portion of Laud. opii was administered internally 3ij grs.

5 p.m. The happy effect of completely checking the vomiting was sensibly moderating the purging has followed the use of the last remedy. A demulcent drink of Starchy water & Gum arabic was prescribed, and particular directions given to keep him covered up & warm.

14<sup>th</sup> 8 a.m. The vomiting has not returned; the stools are black, black and fecal, but the skin is of more agreeable and natural temperature. At 9 a.m. give 1/2 gr. of L. until the colour & consistence of the stools are changed. The bath to be repeated. At 8 p.m. the Calomel has operated freely and changes the colour of the stools to a straw yellow. To assist the Col. in thoroughly changing the stools. 1/2 gr. Magnesia Calomel at 7 1/2. Rhin. 7/8. Senn. 1/2. Anag. 1/2. Senn. 1/2. At 11 p.m. 3/4 of Senn.

g. b. h. a 15<sup>th</sup> - The shrike is entirely free of flies; the birds opened  
twice this morning. He appears much pleased and the conversation  
has been rapid. Of food: Gentian: Osmorhiza: g. arab: g. j.  
sarsen & spice with nutmeg: ginseng: ginseng: tea & let the cat be

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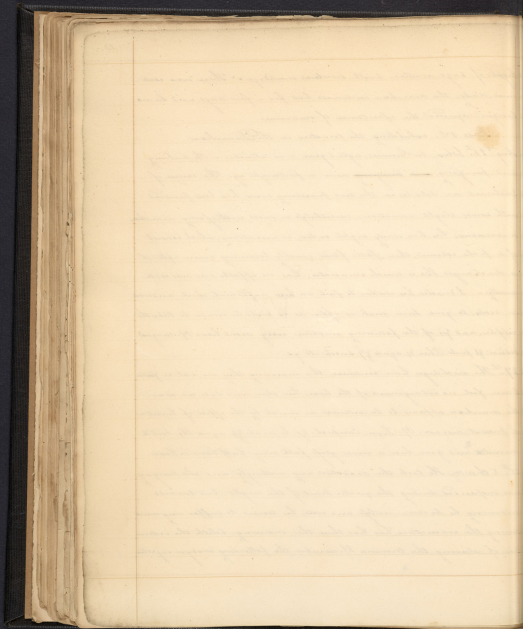
light, of sage, mutton broth, sweetened milk &c. These were continued daily; the diarrhea continued but for a few days, and he no longer required the assistance of medicine.

Case 22, exhibiting the practice in the Diarrhea.

Aug. 21<sup>st</sup>. John Mc Ginnes, aged 1 year, was attacked with puking and purging ~~on~~ <sup>from</sup> ~~near~~ a fortnight ago. The course of treatment as detailed in the two preceding cases has been pursued with some slight variation; notwithstanding a most distressing diarrhea continues; he has daily eight or ten evacuations, which consist of a pale colour, then <sup>the</sup> feces flow quickly becoming green after it is discharged. He is much emaciated, has no appetite and cries continually. I directed his mother to put on him a flannel shirt and cover on socks; to give him suck as often as he seems to crave to take the nipple, and ʒij of the following mixture every second hour. ʒi. Magnesia bolus: ʒi. pulv. Rhei ʒi. aqua ʒij. Succi: alk. q.s.

24<sup>th</sup>. The discharges have continued; this morning they are not so frequent. I can feel no enlargement of the liver, his skin and eyes are clear; the diarrhea appears to be continued as much by the effect of habit as of present disease. ʒi. Siga: Compust: ʒi. li. arab. ʒij. aqua ʒij. but 2 minutes and give him a wine glass full every half hour or hour.

25<sup>th</sup> & 26<sup>th</sup>. He took the medicine very willingly and the purging was suspended during the greater part of the night, but towards morning he became restless and cries; he seems to suffer very much during the evacuations, has had three this morning. With the intention of relieving the cramps I prescribed the following opiate injection



ev. 4<sup>th</sup> Lard. after 9<sup>th</sup> X<sup>th</sup>, Sunday, 6. Arab. 3s. sup. Symp. half and the remainder in two hours of the purgery does not agree. Continue the second Purgative:

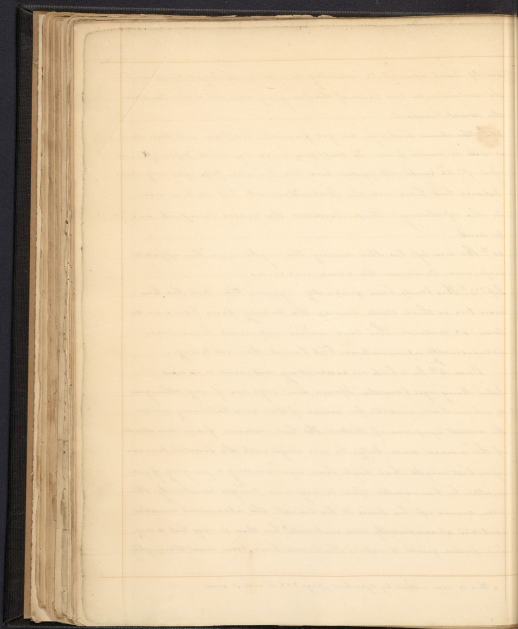
29<sup>th</sup> The saline discharges are yet frequent, but have not been attended with so much pain. 4<sup>th</sup> Cat. purg. 3ij. q. month; paper 3<sup>rd</sup> Lard. after 9<sup>th</sup> X<sup>th</sup> Sat. 11. 3ij. sup. Give two Teaspoonfuls after every stool. I should have here used the Rubus-Diaumbi, but we had none in the apothecary's Shop. Continue the second Purgative and 6. Arab.

30<sup>th</sup> He was less troubled during the night and his appetite improves. Continue the same medicines.

Sept. 1<sup>st</sup> His bowels have gradually regained their tone; he has now two or three stools during the twenty four hours in course & natural. The last named medicines have been occasionally administered, but omit them all today.

Case 4<sup>th</sup> In which no evacuating medicine was used.  
John Barry aged 8 months. "Yours kin" says one of my colleagues to whom I am indebted for several of these cases, labouring under the worst symptoms of Cholera. He had recovered from two attacks of this disease since July; he was seized with the present paroxysm last night, had high fever, and vomiting & purging of green matter; he has vomited often today and purges constantly. The eyes, drawn up, his knees to his breast, the abdominal muscles contract spasmodically and in knots; his skin is very hot & dry, his pulse quick & rapid. His bowels have been most thoroughly

x This is also noticed by Tysonham (page 208) in violent cases.





evacuated, so that purgatives are not here indicated. With a view  
to determine to the surface and thus relieve the abdominal irri-  
tation I ordered him to be placed into a bath of hot scales into  
which I threw a handful of mustard of 5000 and as much powder  
as mustard & Cayenne pepper as soon as a full relief  
effect was discernible that he removed, wiped dry and cover-  
ed up in warm dry flannels and ʒi of the following mixture  
given every Half Hour. ℞. Vin. Succi. M. Zinci. spirit. Camph. ʒi  
Mucilag. G. Arab. ʒi. m. ℞. Spiritus. to extract. ℞. Sinapi. to Spi-  
ritus.

The next morning he was quite easy, and the purging conse-  
cuted. Repeat the warm bath and continue the above mixture  
of ʒi. m. He has remained quiet and easy during the day, but  
the hot face and vomiting with great pain in the abdomen  
have returned; he screams violently and his head is very hot.  
℞. ol. Ricini. ʒi. Succi. spirit. ʒi. vi. ʒi. quant. last ℞. Mucilag.  
G. Arab. ʒi. Succi. spirit. ʒi. xv. to inject. ℞. Sinapi. to extract  
from the Scrophulous seeds to the puer. The vomits were follow-  
ed by the happiest effect, much relief was obtained during the  
night, but that the next morning to find the dis-  
ease still unaltered, his skin was very hot & dry, his pulse very  
quick and the stools very frequent. He was again immersed  
in the insulating bath and kept there for ten minutes, then wrapped  
in flannels and hot bricks applied to his feet, giving internally  
ʒi of the following anaphrodisiac mixture every Half Hour. ℞. ʒi.

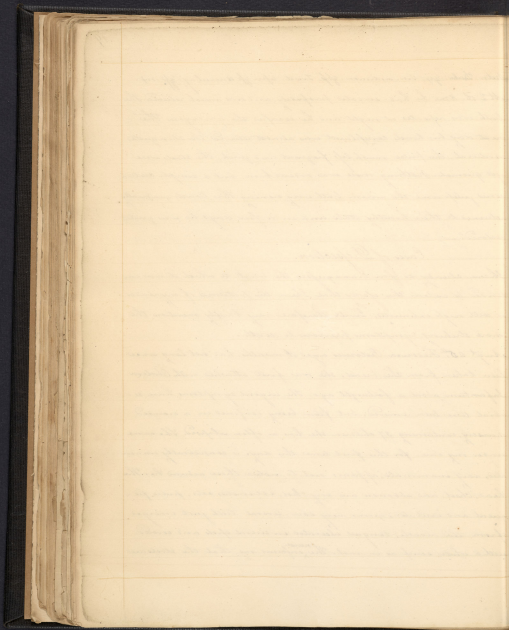


Rect. *Griseb.* 3ij. *Ver.* *andersoni* 3ss. *tind.* *apri* 3ss. *amul.* 3ss. *imp.*  
 att 2 lb. *Rm.* he has sweated profusely, and was much relieved. The  
 bath was repeated at night, and he escaped the paroxysm. The  
 next day his bowel complaint was almost relieved; the thin guinea  
 material, the pulse much less frequent and quick, the stools were  
 yet greenish. Nothing more was ordered him, but a simple enema  
 was given and the warm bath every evening. The bowels gradually  
 returned to their healthy state and in a few days he was quite  
 restored. —

### Cases of Diarrhoea.

I have already so far transgressed the limits to which it was in-  
 tended to extend this essay that I fear the patience of my readers  
 is well nigh exhausted; I will therefore very briefly mention the  
 more striking symptoms previous to death.

Augt 25<sup>th</sup> *Federica* *Pistorius* aged 18 months, has not long since  
 been taken from the breast, she was first attacked with Cholera  
*Infantum* about a fortnight ago. The urgent symptoms have se-  
 veral times been removed, but from being confined in a crowded  
 nursery, containing 57 children she has as often relapsed. She came  
 under my care for the first time this day; is considerably emaci-  
 ated, very inanimate, appears not to notice those around her. The  
 head, chest and abdomen are very hot, extremities cold, pulse fre-  
 quent and excited; gums very sore, several teeth just emerged,  
 from the alveoli; tongue ulcerated in several spots and covered  
 with a white scum as in scald. <sup>My nurse</sup> *Thy* informs me that the stools are

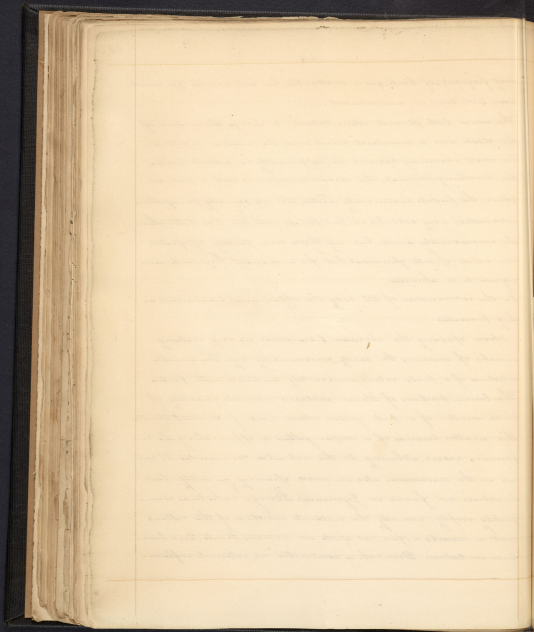


very frequent, of dark, green matter. she has not vomited for several days, will take no nourishment.

The warm bath, flannel collar, intended to change the nature of the stools and a demulcent drink over the anures, resorted to. The next morning found her apparently in a little easier, her breathing laboured, the cornea overgrown with a purulent fluid, the pupils enormously dilated, the iris scarcely perceptible, extremities very cold. I had her placed into the hot bath when she immediately revived, but my hopes were quickly disappointed, the vital spark glimmered but for a moment then sunk never again to be revived.

In the examination of the body the appearances were noted as they presented.

Upon opening the abdomen I discovered no very striking marks of disease; the cavity uncommonly dry. The small intestines of a pale colour uneventfully distended with flatus. The lower portion of ileum contains a small quantity of thick matter of a pale yellow colour and of faintly smelly; this matter becomes of a deeper yellow in approaching the termination, viscid, adhering to the valvula conniventes. It exists in the duodenum also in more sparing quantity. Two lumbrices are found in jejunum. Large intestines completely empty, scarcely the natural moisture of the pellicle is present; a few red spots in various parts. Two lumbrices in caecum. Stomach is contracted, no external inflamma-



mation discoverable; contains  $\frac{1}{2}$  light coloured fluid, internally the strongest marks of inflammation and irritation are present, the villous coat is of a deep red or purplish colour; this inflammation is confined exclusively to the stomach; to my surprise the duodenum is perfectly free of it. The liver entirely natural in colour, of uniform texture and not increased in size. The gall bladder contains a quantity of dark, thick and viscid bile. Spleen and pancreas natural, as also the contents of the thorax. After sawing through the cranium we experienced much difficulty in separating the dura mater from the internal table on account of the strong adhesion. Coagulated lymph deposited on the surface of the dura mater; the vessels of the pia mater turgid. The ventricles contain about  $\frac{1}{2}$  of bloody serum.

Case 2<sup>nd</sup> a black child aged two years.

The disease had existed twelve days. Calomel, the warm bath, blisters and stimulants had been administered, but in vain. Appearance on dissection. All the viscera of the abdomen perfectly invested of a bipartite matter; the small intestines pale, flaccid and contracted, adhering together. About  $\frac{1}{2}$  of dark, coffee coloured fluid loose in the cavity of the abdomen. Large intestines distended with fluid. Upon opening the small intestines found their upper track coloured with orange yellow bile; the duodenum is tinged with the same. The stomach entirely empty and contracted. In the large intestines a small quantity of light yellow fluid, mixed with pieces of solid



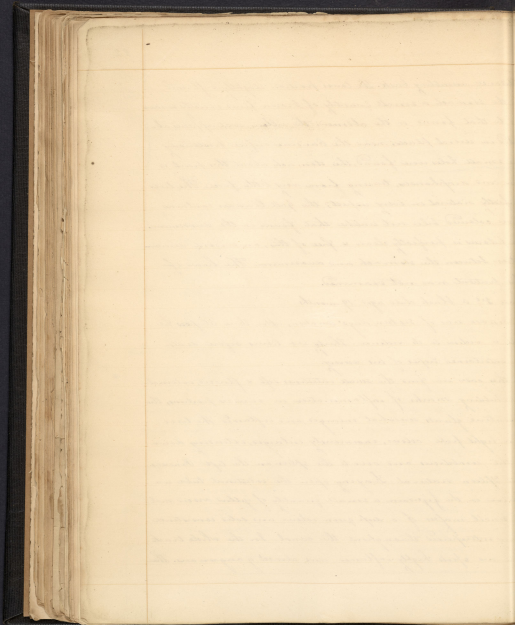


substance resembling bark. The lower portion slightly inflamed. In the stomach a small quantity of brown fluid exactly similar to that found in the abdomen; the villous coat appears absorbed in several places; near the Cardiac orifice particularly two small holes were found, the stomach about this part is thin and anaphanous, tearing from very little force. The liver perfectly natural in every respect; the gall bladder contains olive coloured bile not unlike that found in the duodenum; the pylorus is perfectly clean & free of this, an evident demarcation between the stomach and duodenum. The head of this patient was not examined.

Case 3<sup>d</sup> a black child aged 19 months.

The disease was of seven days' duration; after three relapses he fell a victim to its violence. Thirty six hours before death we entertained hopes of his recovery.

In this case we find the small intestines soft & flaccid, external-ly exhibiting marks of inflammation in various portions, the mesenteric glands somewhat enlarged and inflamed. The liver of a light pale colour, enormously enlarged, extending down to the umbilicus and over to the spleen on the left. Kidneys and spleen natural. Laying open the intestinal tube we observe in the jejunum a small quantity of yellow viscid matter, small masses of a deep green colour and solid consistence being interspersed throughout the canal. In the whole tract there are spots highly inflamed and almost gangrenous. The



large intestines entirely empty, the mgs of the colon slightly  
inflamed and thickened. The stomach contains a very small  
quantity of light fluids, the retens coat inflamed in spots,  
though not so much as in the foregoing case. The duode-  
num highly inflamed, containing no bile but about  $\frac{3}{4}$   
of light coloured mucus. The gall bladder contains thin  
transparent bile much lighter colour than natural. on  
the surface of the brain much coagulated lymph, vessels  
distended, and about  $\frac{3}{4}$  serum in the ventricles.

In concluding this essay I cannot refrain expressing the  
conviction of my inability to do justice to so important  
and interesting a subject. I have with great diffidence ven-  
tured to differ in some inconsiderable points from long estab-  
lished opinions. I ought perhaps to offer an apology for the  
simplicity of style in which these observations have been made;  
too true the objects represented often prompts to the expression  
of simplicity and especially for their sufferings, but I aspi-  
re not to the reputation of an author but of an humble assistant  
to truth.

